	,							1	741	
					_	_			10)(g	
Form	990-T	E	xempt Organization	on Busi	ine	ss Income T	ax Returr	ì ໍ ¦	OMB No 1545-0687	
	4		and proxy	tax unde	r se	ction 6033(e))			0040	
	,	For cal	lendar year 2016 or other tax year beginning	JUL 1,	20	16 , and ending JU	N 30, 201	<u>.7</u>	2016	
Dana	ertment of the Treasury	Information about Form 990-T and its instructions is available at www.irs.gov/form990t.								
	al Revenue Service	▶	Do not enter SSN numbers on this for	rm as it may b	be ma	de public if your organiz	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only	
A	Check box if					and see instructions.)		D Emplo	oyer identification number loyees' trust, see	
	address changed				•	·			ictions)	
B F	xempt under section	Print	AMERICAN EPILEPSY	SOCIE	TY			0	4-6112600	
	7501(c)(3()?	10	Number, street, and room or suite no.			structions.			ated business activity codes	
	408(e)220(e)	Type	135 S. LASALLE ST	•				(000011	instructions ;	
	408A 530(a)		City or town, state or province, countr					1		
]529(a)		CHICAGO, IL 6060		·	•		511	120	
C Bo	ok value of all assets	F Grou	ip exemption number (See instructions		>					
$\overset{a^t}{1}$	end of year 1.156.352.) corporation		501(c) trust	401(a) trust		Other trust	
			ary unrelated business activity. > AI		SIN		SY JOURNA	LS		
			poration a subsidiary in an affiliated gro				▶ [Ye	s X No	
			tifying number of the parent corporation			, , ,				
J Th	ne hooks are in care of	▶ F	KUTCHINS, ROBBINS	AND DI	[AM	OND LTDTelepho	one number 🕨 (847) 240-1040	
			de or Business Income			(A) Income	(B) Expense	S	(C) Net	
	Gross receipts or sale									
	Less returns and allow		c Balance	•	1c				•	
2	Cost of goods sold (S				2					
3	Gross profit, Subtract				3					
-	Capital gain net incon				4a					
			Part II, line 17) (attach Form 4797)		4b					
	Capital loss deduction			-	4c	, <u>, , , , , , , , , , , , , , , , , , </u>				
5	•		ups and S corporations (attach stateme	nt)	5					
	Rent income (Schedu		inpo and o corporations (alliant classifier		6					
<u>~~</u>	Unrelated debt-finance		me (Schedule F)	-	7					
2.018			and rents from controlled organizations	(Sch. F)	8					
C:5			on 501(c)(7), (9), or (17) organization (l'	9					
010	Exploited exempt acti			/_	10					
λī	Advertising income (S				11	164,798.	13,6	79.	151,119.	
. ≥ i2	Other income (See in:		•		12				•	
~13	Total Combine lines			-	13	164,798.	13,6	79.	151,119.	
II Pa	rt II Deduction			tructions for	-		_			
Pa NAVA 14 OS 16	(Except for	contribi	ot Taken Elsewhere (See insultions, deductions must be directly	y connected	with	the unrelated business	s income.	سلط	<u> </u>	
₹ <u>14</u>	Compensation of off	ficers, di	rectors, and trustees (Schedule K)			1	S APR 09	AAS	131	
୍ଦ୍ର ₁₅ ୍ର	Salaries and wages	•	,			,	9 ng ng	4310	J.K.	
ري. 16	Repairs and mainter	nance				- \	APR US	161	7	
17	Bad debts						OGDE	N ₁₂		
18	Interest (attach sche	edule)					1 00	18		
19	Taxes and licenses						,	19		
20	Charitable contributi	ions (Se	e instructions for limitation rules)					20		
21	Depreciation (attach	Form 4	562)			21				
22	Less depreciation cl	aimed oi	n Schedule A and elsewhere on return			22a		22b		
23	Depletion							23		
24	Contributions to def	erred co	mpensation plans					24		
25	Employee benefit pr	ograms	.					25		
26	Excess exempt expe	enses (So	chedule I)					26		
27	Excess readership c	osts (Sc	hedule J)					27	151,119.	
28	Other deductions (at	ttach sch	nedule)					28		
29	Total deductions. A							29	151,119.	
30	Unrelated business	taxable ı	ncome before net operating loss deduc	tion. Subtract	line 2	9 from line 13		30	0.	
31	Net operating loss d	eduction	(limited to the amount on line 30)					31		
32			ncome before specific deduction. Subtr			30		32	0.	
33	•		y \$1,000, but see line 33 instructions fo					33	1,000.	
34		taxable	income. Subtract line 33 from line 32.	If line 33 is gr	reater	than line 32, enter the sm	naller of zero or		_	
	line 32							34	0.	

۰.				
Form 990-	(2016) AMERICAN EPILEPSY SOCIETY	04-613	12600	Page 2
Part I				
35	Organizations Taxable as Corporations. See instructions for tax computation.			
•	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$		1	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
C	Income tax on the amount on line 34	>	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)	>	36	
37	Proxy tax. See instructions	>	37	
38	Alternative minimum tax		38	
	Tax on Non-Compliant Facility Income. See Instructions		39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		4	
	Other credits (see instructions) 41b		4	
_	General business credit. Attach Form 3800 41c		- 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		-	
	Total credits Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43		ttach schedule)	43	
44	Total tax. Add lines 42 and 43	4 000	44	0.
	Payments: A 2015 overpayment credited to 2016	4,830.	4	
	2016 estimated tax payments 45b		-	
	Tax deposited with Form 8868		-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		-	
	Backup withholding (see instructions) 45e		4	
	Credit for small employer health insurance premiums (Attach Form 8941) 45f		-	
g	Other credits and payments: Form 2439 Total ► 45g			
46	L Form 4136 Total ▶		1,0	4 020
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		46	4,830.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		47	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		48	4,830.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax 4,830. Refu	ndad -	50	4,830.
Part V		nons)	1 30 1	
	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here >			x
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	ign trust?		$\frac{X}{X}$
	If YES, see instructions for other forms the organization may have to file.	•		
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my kno	wledge and b	pelief, it is true,
Sign Here	1 10 m 1000 -12/2 /2 /2 /2			scuss this return with
11616	Supplying of officer	th	e preparer sh	nown below (see
	Signature of officer Date Title	in	structions)?	X Yes No
		heck ı	f PTIN	
Paid	MITTERS II CONTINUE WY 1 CONTINUE CONTI	elf- employed		
Prepa	C . OT TEMOSITE IN COLUMN			L310867
Use O	nly Firm's name ► CLIFTONLARSONALLEN LLP	ırm's EIN 🕨	41-	0746749
	1301 W. 22ND ST, STE 1100		.	
	Firm's address ► OAK BROOK, IL 60523	Phone no. (630)	573-8600

Phone no. (630) 573-8600 Form **990-T** (2016)

Schedule A - Cost of Good	Is Sold. Enter me	thod of inventory	valuation N/A	<u> </u>				
1 Inventory at beginning of year		6 Inventory at end of ye		6				
2 Purchases	Purchases 2				ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs	}]		line 2		7	ļ		
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to		-	
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real Pro	operty and P	ersonal Property	Lease	ed With Real Pro	pert	у)	
Description of property	-							
(1)		·						
(2)							***	
(3)								
(4)								
	2. Rent received or	accrued			04.10			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for persor	ersonal property (if the percent nal property exceeds 50% or if lased on profit or income)	tage f	3(a) Deductions directli columns 2(a) a		cted with the income attach schedule)	: In
(1)								
(2)								
(3)	,							
(4)								
Total	O . Tota	al		0.				
(c) Total income. Add totals of columns					(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column		>		0.	Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	bt-Financed Inc	come (see inst	ructions)					
			2. Gross income from		Deductions directly cor to debt-finance	nected ced prop	with or allocable perty	
1. Description of debt-fi	nanced property	İ	or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deductions (attach schedule)	
			manoed property		(attach schedule)		(attach schedule)	
(1)	<u></u>					+		
(2)			···			+		
(3)			· · · - · · · · · · · · · · · · · · · ·					
(4)						+		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus of or allocat debt-financed (attach sche	ole to property	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8. Allocable deduc column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)	-		%			+		
(3)			%			1		
(4)			%			1		
					iter here and on page 1, art I, line 7, column (A)		inter here and on pag Part I, line 7, column	
Totals			>	<u> </u>	0			0.
Total dividends-received deductions in	cluded in column 8				>	\perp		0.
							Form 990-T	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (elitach schedule) (in) (in) (in) (in) (in) (in) (in) (in	Schedule F - Interest,		.,,			Controlled O				- 1000 110		-,
Color Colo	1. Name of controlled organize	ation	identific	cation					included in the controlling		connected with income	
Add consume the second of pages (Part), the second of pa	(1)		.,									
Add columns 5 and 10 Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (seeing structions) 1. Description of income and the semidadistic structure (seeing structions) 1. Description of income and the semidadistic structure (seeing structions) 1. Description of income and the semidadistic structure (seeing structions) 1. Description of income and the semidadistic structure (seeing structions) 1. Description of income and the semidadistic structure (seeing structions) 1. Description of income and the semidadistic structure (seeing structions) 2. Amount of income and the semidadistic structure (seeing structure) 3. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 2. Amount of income and semidation (see instructions) 3. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 4. Set-anders (see instructions) 5. Schedule G - Investment Income of income and set seases (see instructions) 5. Schedule G - Investment Income of income and set seases (see instructions) 5. Schedule G - Investment G - I	(2)								ļ			
Nonexempt Controlled Organizations S. Net unstated comes (953) 9, Total of specified plyments 10, Part of colume 8 that is encluded with income in calcums 10 in the accordancy organization's great production of the accordancy organization's great production of the accordancy organization's great production of the accordancy organization of or	(3)			· ·								
7. Tasable Income 8. Net unrelated corner (sec) (see anshuctoring) 9. Total of separated payments (made appropriate in the controlling organizations of the controlling organizations of the controlling organizations of the controlling organizations of controlling organizations of the controlling organizations of the controlling organization organization organization organization of the controlling organization	(4)											
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(d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	7. Taxable Income				9. Total		ments	in the controll	ing organ	t is included lization's		
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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (elitach schedule) (in) (in) (in) (in) (in) (in) (in) (in				<u>'</u>				Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I, line 8, column (B)
1. Description of income 2. Amount of income 3. Description (in the property connected (attach schedule) (in the part I, line 9, column (in the part I, line 9, column (in the page 1, Part I, line 9, column (in the page 1, Part I, line 10, col (in 1) (in the page 1, Part I, line 1) (in	Totals						<u>▶</u>	 -		0.		0
1. Description of income 2. Amount of income directly connected (statch schedulid) (ccl 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity unded of business income have business income have business recome. (see instructions) 2. Gross undested business income have business recome with production of unrelated trade or business recome. (see instructions) 4. Net income (loss) from unrelated trade or business (column 2) and controlled in the original of the page 1. Part I, line 9, column (A) (1) (2) (3) (4) Enter here and on page 1. Part I, line 10, col (A) Enter here and on page 1. Part I, line 10, col (A) Enter here and on page 1. Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs of plus col 4) 4. Advertising gain or page 1. Part I, line 10, col (A) 1. Name of periodical 2. Gross advertising costs of plus col 4) 4. Advertising gain or page 1. Part I, line 10, col (A) 1. Name of periodical Reported on a Consolidated Basis 7. Excess readership costs of 91 from production income (solid recolumn 6) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			ne of a S	Section	501(c)(7), (9), or	(17) Or	ganizatior) 		 _	
(4) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Comparison of exploited Exempt Activity Income (see instructions) Comparison of Enter here and on page 1, Part 1, Income (see instructions) Comparison of exploited Exempt Activity Income (see instructions) Comparison of ex	1 . Des	cription of incom	ne			2. Amount of	income	directly conne	ected			
(2) (3) (4) Enter here and on page 1, Part 1, time 0, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross activities activities activities activities activities activities activities activities	(1)											
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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business income from trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated trade or business income from activit	Totals				•		0.					0
1. Description of exploited activity n an income from activity that is not unrelated business income from a	Schedule I - Exploited		Activity	Income	e, Othe	r Than Ad	<u>ئىنىتى</u>	ng Income				<u> </u>
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O	1. Description of	2. Grunnelated b	from	directly co with prod of unre	onnected duction lated	from unrelated business (co minus colum gain, computi	trade or lumn 2 n 3) If a e cols 5	from activity t is not unrelat	that ted	attributa	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O	(1)								-			7
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs 3. Direct advertising costs frough 7 4. Advertising gain or (loss) (col 2 minus or (loss)		T										
(4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs solumn 6 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)		1										
Enter here and on page 1, Part 1, line 10, col (A) Totals O O Co Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	(4)											
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) (4) (5. Circulation income (6. Readership costs (6. Readership c		page 1, I	Part I, ol (A)	page 1,	Partl, col(B)							on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) 5. Circulation income 6. Readership costs (column 6 minus column 4) (5) (6) (7) (8) (8) (9) (9) (1)	Schedule J - Advertis	ing Incom	10 (see in	structions	3)	L						1 0
1. Name of periodical advertising advertising costs col (3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)						solidated	Basis					
1. Name of periodical advertising advertising costs col (3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)												
(2) (3) (4)			advertising			or (loss) (co	ol 2 minus iin, compute					costs (column 6 minus column 5, but not more
(3) (4)						_						
(4)												
		\	···]	
Totals (carry to Part II, line (5)) ▶ 0. 0.	(4)											
Totals (carry to Part II, line (5)) ► 0 . 0 .				1								-
	Totals (carry to Part II, line (5))	_ _	().	0							0 Form 990-T (2016

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of p	eriodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) EPILEPSY	CURRENT	164,798.	13,679.	151,119.	14,418.	211,407.	151,119.
(2)							
(3)							
(4)							
Totals from Part I	>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			~	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) >	164,798.	13,679.				151,119.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	l -
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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